CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

CLAIMS	AS FILED 9/30/01		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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45						
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47						
48						
49						
50						
Total Indep	4					
Total Depend	18					
Total Claims	22					

* May be used for additional claims or amendments

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						